

## Dining Approaches by Stage of Dementia

Clinical Focus Area	Cognitively Intact (Functionally Independent)	Mild Cognitive Impairment (Early Stage Dementia)	Moderate Cognitive Impairment (Middle Stage Dementia)	Severe Cognitive Impairment (Advanced Stage Dementia)
<b>Social Environment</b>  <i>Square tables create a sense of space; round tables create the illusion of someone eating off another's plate.</i>  <i>Glare from windows or lights can create agitation.</i>  <i>Seat residents together with other compatible residents to form an acceptable peer-dining group.</i>	<ul style="list-style-type: none"> <li>* Offer adequate lighting</li> <li>* Remove sources of distracting or unappealing smells</li> </ul>	<ul style="list-style-type: none"> <li>* Provide calm environment</li> <li>* Offer adequate lighting</li> <li>* Remove sources of distracting or unappealing smells</li> <li>* A table for 1-2 may be needed if the resident is experiencing hostility or paranoia.</li> <li>* Consider using name cards if the resident prefers or demands the same meal seat and becomes aggressive if someone else sits in "their seat".</li> </ul>	<ul style="list-style-type: none"> <li>* Provide calm environment</li> <li>* Offer adequate lighting</li> <li>* Remove sources of distracting or unappealing smells</li> <li>* A table for 1-2 may be needed if the resident is experiencing hostility or paranoia.</li> <li>* Consider using name cards if the resident prefers or demands the same meal seat and becomes aggressive if someone else sits in "their seat".</li> <li>* If the residents have difficulty transitioning from pre-meal activities to the actual mealtime activity, alter the appearance of the table to signal that the activity is now mealtime by using a tablecloth, flowers, napkins, and place mats.</li> </ul>	<ul style="list-style-type: none"> <li>* Provide calm environment</li> <li>* Offer adequate lighting</li> <li>* Remove sources of distracting or unappealing smells</li> <li>* A table for 1-2 may be needed if the resident is experiencing hostility or paranoia.</li> <li>* If the residents have difficulty transitioning from pre-meal activities to the actual mealtime activity, alter the appearance of the table to signal that the activity is now mealtime by using a tablecloth, flowers, napkins, and place mats.</li> </ul>

## Dining Approaches by Stage of Dementia

Clinical Focus Area	Cognitively Intact (Functionally Independent)	Mild Cognitive Impairment (Early Stage Dementia)	Moderate Cognitive Impairment (Middle Stage Dementia)	Severe Cognitive Impairment (Advanced Stage Dementia)
<b>Tray Set Up &amp; Mealtime Setting</b>  <i>Provide cups and glasses that are easy to grasp.</i>	Skill Intact	<ul style="list-style-type: none"> <li>* Use two plates if the resident feels there is too much food on the plate, serving half a meal at a time.</li> </ul>	<ul style="list-style-type: none"> <li>* Use two plates if the resident feels there is too much food on the plate, serving half a meal at a time.</li> <li>* Reduce choices (2) if overwhelmed (i.e. serve food in courses) due to reduced visual attention and concentration.</li> <li>* Provide choices, "Would you like chicken or beef?" If the resident cannot make choices and you know their likes/dislikes, you might say, "This kitchen is known for its excellent roast beef. Would you like some?"</li> </ul>	<ul style="list-style-type: none"> <li>* May benefit from offering one type of food at a time, or offering complementary foods (e.g. mashed potatoes and gravy).</li> <li>* Reduce choices (2) if overwhelmed (i.e. serve food in courses) due to reduced visual attention and concentration.</li> </ul>
<b>Diet Consistency Modifications</b>	<ul style="list-style-type: none"> <li>* Alterations dependent upon chewing and swallowing ability</li> </ul>	<ul style="list-style-type: none"> <li>* Alterations dependent upon chewing and swallowing abilities.</li> </ul>	<ul style="list-style-type: none"> <li>* May benefit from finger foods if functional use of utensils has declined or if patient is unable to remain seated for duration of meal</li> <li>* Alter the consistency of the diet (solids and liquids) depending on chewing and swallowing abilities</li> <li>* Make sandwiches of anything that will hold together.</li> </ul>	<ul style="list-style-type: none"> <li>* May benefit from finger foods if functional use of utensils has declined or if patient is unable to remain seated for duration of meal</li> <li>* Alter the consistency of the diet (solids and liquids) depending on chewing and swallowing abilities</li> <li>* Consider Nourishing Full Liquid Diet – patients responding to cup sip but not spoon due to oral acceptance, oral apraxia, attention and awareness challenges.</li> </ul>

## Dining Approaches by Stage of Dementia

Clinical Focus Area	Cognitively Intact (Functionally Independent)	Mild Cognitive Impairment (Early Stage Dementia)	Moderate Cognitive Impairment (Middle Stage Dementia)	Severe Cognitive Impairment (Advanced Stage Dementia)
<b>Figure-ground Discrimination</b>  <i>The ability to sort out important information from the surrounding environment. For example, hearing a speaker's voice while ignoring other environmental noises (air conditioners, heaters, etc.) or seeing a word among others on a crowded page or seeing a target person or object in a group of people.</i>	No discrimination issues present.	<ul style="list-style-type: none"> <li>* Provide color contrast between dishware and table</li> <li>* Provide color contrast between food and dishware</li> </ul>	<ul style="list-style-type: none"> <li>* Provide color contrast between dishware and table</li> <li>* Provide color contrast between food and dishware</li> </ul>	<ul style="list-style-type: none"> <li>* Provide color contrast between dishware and table</li> <li>* Provide color contrast between food and dishware</li> </ul>
<b>Self-Feeding Level of Ability</b>	Skill Intact	* Verbal & Tactile Cues	<ul style="list-style-type: none"> <li>* Verbal &amp; Tactile Cues</li> <li>* Mirroring – Visual modeling</li> <li>* Hand over Hand Assist to initiate self-feeding.</li> </ul>	* Hand over Hand Assist to initiate self feeding or to complete self feeding

## Dining Approaches by Stage of Dementia

Clinical Focus Area	Cognitively Intact (Functionally Independent)	Mild Cognitive Impairment (Early Stage Dementia)	Moderate Cognitive Impairment (Middle Stage Dementia)	Severe Cognitive Impairment (Advanced Stage Dementia)
<b>Use of Utensils</b>  <i>Resident may eat with fingers instead of utensils or does not use utensils correctly.</i>	*Able to use fork, knife and spoon	*Able to use fork, knife and spoon * May require built up handles on utensils	* Evaluate the effectiveness of Finger Foods * Increase the number of finger foods being offered if needed. * Limit the number the utensils. May only be able to use a fork and spoon. (Resident may try to eat with a knife because it is picked up with their dominant hand to cut their food, whether it needs it or not, and then forget to put it down to select a fork and spoon). * May require built up handles on utensils. * Positively affirm residents eating abilities * Simplify the eating task so they can succeed, using one step directions as needed.	* Evaluate the effectiveness of Finger Foods * Limit the number the utensils. May only be able to use a spoon. (Resident may try to eat with a knife because it is picked up with their dominant hand to cut their food, whether it needs it or not, and then forget to put it down to select a fork and spoon). * May require built up handles on utensils * Positively affirm residents eating abilities * Simplify the eating task so they can succeed, using one step directions as needed.
<b>Attention to Task – Eating</b>  <i>Limited attention span resulting in inability to attend to the task of eating. May leave the table during the meal.</i>	Skill Intact	* Five-six meals per day may be needed for residents unable to consume adequate amounts and for those who become agitated when caregivers attempt to re-focus.	*Use simple words and language. * Simplify directions via use of one-step commands. * Touch and redirect the resident to the task of eating. * Five-six meals per day may be needed for residents unable to consume adequate amounts and for those who become agitated when caregivers attempt to re-focus. * Meal may be a combination of sitting and eating, followed by walking and eating finger foods from a bowl.	* Touch and redirect the resident to the task of eating. * Five-six meals per day may be needed for residents unable to consume adequate amounts and for those who become agitated when caregivers attempt to re-focus on self feeding or acceptance of being fed by caregiver. * Meal may be a combination of sitting and eating, followed by walking and eating finger foods from a bowl.

## Dining Approaches by Stage of Dementia

Clinical Focus Area	Cognitively Intact (Functionally Independent)	Mild Cognitive Impairment (Early Stage Dementia)	Moderate Cognitive Impairment (Middle Stage Dementia)	Severe Cognitive Impairment (Advanced Stage Dementia)
<b>Amount of Liquids</b>	Offer beverages per routine and dietary orders	Offer beverages per routine and dietary orders	<ul style="list-style-type: none"> <li>* Offer beverages per routine and dietary orders</li> <li>* Offer liquids and water constantly within liquid consistency orders.</li> <li>* Residents may not ask for a drink; dehydration may increase combativeness.</li> </ul>	<ul style="list-style-type: none"> <li>* Serve beverages in half full cup or glass</li> <li>* Offer liquids and water constantly within liquid consistency orders.</li> <li>* Residents typically cannot ask for a drink; dehydration may increase combativeness.</li> </ul>
<b>Judgment and Safety</b>  <i>Resident may eat food pieces that are too big to swallow safely, eat non-edibles, pour liquids onto foods or take another resident's food.</i>	Skill Intact	<ul style="list-style-type: none"> <li>* Offer visual cueing for boundaries by using places mats to reduce interest in another's meal.</li> <li>* Square tables provide better definition of territory than round tables</li> </ul>	<ul style="list-style-type: none"> <li>* Assess food pieces for size, thickness, and consistency and make necessary adjustments.</li> <li>* Avoid garnishes that are not easily chewed or eaten or that are decorative in nature.</li> <li>* If residents pour liquids over the food, it may be necessary to provide only when food is not present.</li> <li>* Offer visual cueing for boundaries by using places mats to reduce interest in another's meal.</li> </ul>	Total Assist / Supervision All skills absent

## Dining Approaches by Stage of Dementia

Clinical Focus Area	Cognitively Intact (Functionally Independent)	Mild Cognitive Impairment (Early Stage Dementia)	Moderate Cognitive Impairment (Middle Stage Dementia)	Severe Cognitive Impairment (Advanced Stage Dementia)
<b>Communication</b>	* Develop a list of food and liquid likes and dislikes.	* Develop a list of food and liquid likes and dislikes.	<ul style="list-style-type: none"> <li>* Develop a list of food and liquid likes and dislikes.</li> <li>* Use multi-sensory cueing with frequent gestures. Lift the item away from the table or food up from the plate to regain attention.</li> <li>* Use verbal encouragement, “This is a new recipe I want to cook for my daughter. Would you please try it for me and tell me what you think?”</li> <li>* When asking questions about food choices, use “either/or” questions rather than “yes/no” questions, which could lead to, “no’s” and reduced PO intake.</li> </ul>	* Develop a list of food and liquid likes and dislikes.
<b>Other Concerns and Pride</b>	Skill Intact	<p>If resident is concerned that they “have no money to pay for meals”:</p> <ul style="list-style-type: none"> <li>*Issue meal tickets or “credit cards”, or have a bill filled out to help the resident with “no money” pay for the meal.</li> <li>*Photocopy colored money.</li> <li>*Explain the meal is paid for by insurance, or a club membership and that it is required that they eat at the club.</li> </ul> <p>(These are examples of validation therapy)</p>	<p>If resident is concerned that they “have no money to pay for meals”:</p> <ul style="list-style-type: none"> <li>*Issue meal tickets or “credit cards”, or have a bill filled out to help the resident with “no money” pay for the meal.</li> <li>*Photocopy colored money.</li> <li>*Explain the meal is paid for by insurance, or a club membership and that it is required that they eat at the club.</li> </ul> <p>(These are examples of validation therapy)</p>	

## Dining Approaches by Stage of Dementia

Clinical Focus Area	Cognitively Intact (Functionally Independent)	Mild Cognitive Impairment (Early Stage Dementia)	Moderate Cognitive Impairment (Middle Stage Dementia)	Severe Cognitive Impairment (Advanced Stage Dementia)
<b>Medical Nutrition Therapy</b>	<ul style="list-style-type: none"> <li>*Diet order and nutritional interventions to maintain/improve nutritional status</li> <li>*May benefit from multivitamin/mineral daily</li> </ul>	<ul style="list-style-type: none"> <li>*Diet order and nutritional interventions to maintain/improve nutritional status</li> <li>*Assess the need for high caloric/protein dense foods, large portions, supplements.</li> <li>*May benefit from multivitamin/mineral daily</li> </ul>	<ul style="list-style-type: none"> <li>*Diet order and nutritional interventions to maintain/improve nutritional status</li> <li>*Assess the need for high caloric/protein dense foods, large portions, supplements.</li> <li>*Add honey and/or sugar to foods, if medically appropriate. (People with end stage disease usually favor sweets and can be enticed to eat by adding sweet thickeners to their foods).</li> <li>*May benefit from multivitamin/mineral daily</li> </ul>	<ul style="list-style-type: none"> <li>*Diet order and nutritional interventions to maintain/improve nutritional status</li> <li>*Assess the need for high caloric/protein dense foods, large portions, supplements.</li> <li>*Add honey and/or sugar to foods, if medically appropriate. (People with end stage disease usually favor sweets and can be enticed to eat by adding sweet thickeners to their foods).</li> <li>*May benefit from multivitamin/mineral daily</li> <li>*Dysphagia precautions prn</li> </ul>
<b>Skilled Rehab Services Guide</b>			<ul style="list-style-type: none"> <li>* Alternate hot and cold solids and liquids to help trigger a swallow.</li> <li>* Evaluate effectiveness of thermal gustatory stimulation (cold, sour bolus in between regular solid / liquid bites or sips).</li> <li>* Evaluate the effectiveness of Finger Foods</li> </ul>	<ul style="list-style-type: none"> <li>* Alternate hot and cold solids and liquids to help trigger a swallow.</li> <li>*Evaluate effectiveness of thermal gustatory stimulation (cold, sour bolus in between regular solid / liquid bites or sips).</li> <li>* Evaluate the effectiveness of Finger Foods</li> </ul>
<b>Food Preparation for a specialized recreation program</b>	<ul style="list-style-type: none"> <li>* Coordinate with Nutrition Services Manager</li> <li>*"Serve Safe Training" for Staff involved in food related recreation programs</li> </ul>	<ul style="list-style-type: none"> <li>* Coordinate with Nutrition Services Manager</li> <li>* "Serve Safe Training" for Staff involved in food related recreation programs</li> </ul>	<ul style="list-style-type: none"> <li>* Coordinate with Nutrition Services Manager</li> <li>* "Serve Safe Training" for Staff involved in food related recreation programs</li> </ul>	<ul style="list-style-type: none"> <li>* Coordinate with Nutrition Services Manager</li> <li>* "Serve Safe Training" for Staff involved in food related recreation programs</li> </ul>

## Dining Approaches by Stage of Dementia

Clinical Focus Area	Cognitively Intact (Functionally Independent)	Mild Cognitive Impairment (Early Stage Dementia)	Moderate Cognitive Impairment (Middle Stage Dementia)	Severe Cognitive Impairment (Advanced Stage Dementia)
Dining Resources		*Refer to Diet Manual for information regarding Dietary Modifications and Guidelines	* Refer to Diet Manual for information regarding Finger Food Diets and other Dietary Modifications and Guidelines	* Refer to Diet Manual for information regarding Finger Food Diets, Nourishing Full Liquid Diet and other Dietary Modifications and Guidelines